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ABSTRACT

This study attempts to answer the following question: Do males and females differ in their reporting behavior to interviewers of contrasting status backgrounds, specifically psychiatric physicians and lay interviewers? Subjects were 200 adults. A 263-item instrument was utilized to measure functional psychological disorder. Interviews took place under three conditions; (1) a physician conducting the interview made his status known; (2) a physician conducting the interview did not make his status known; and (3) lay interviewers were used with their status known. Results indicate that women give the most information about their symptomatology to unidentified physicians, and report the least to identified doctors. Males tend to report more symptoms to identified physician interviewers. It is speculated that social training of the sexes might explain their contrasting performances. Women may be more responsive to interpersonal interaction, and therefore to the interviewing skill of the unidentified physicians. Men may be more responsive to interviewer status, and less to interpersonal skill; consequently, they report more to identified physicians. Also, women may feel threatened by the high status figure, being unaccustomed to lengthy interaction outside of evaluative contexts, and thus lack the trust necessary for self-disclosure in an interview. (Author/JLL)

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# THE EFFECT OF INTERVIEWER STATUS AND RESPONDENT SEX ON SYMPTOM REPORTING*

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## Statement of the Problem

Research in psychology has examined the effect of examiner status on subject behavior and consistent relationships have been noted. Experimenters who present themselves as high in status obtain fuller responses: in self disclosure (Silver, 1973), projective tests (Campbell & Fiddleman, 1959), ability to influence subjects (Miller, 1972), duration of response (Siegman, Pope, Blass, 1969), and in other areas (Birney, 1958; Sarason & Minard, 1963).

Although not highlighted in the literature, there is considerable evidence that a different effect may be operative with female subjects. While male undergraduates have constituted the subjects in most of the experiments, when females or both sexes have been studied, contrasting responses to the experimenter have been characteristic. Males were found to be more influenced by high status experimenters by McCord, (1969), whereas Laszlo and Rosenthal working with a sample of female college students found that low status experimenters exerted greater influence, (1970). A study by Annichiarico of self disclosure in a counseling interview found a strong interaction effect between status of interviewer and subject sex: males disclosed more to high status interviewers, while females tended to disclose more to those of low status. Interviewer sex and status interactions revealed that subjects disclosed more to high status male interviewers, and

there was no difference to high and low status female interviews (Anniccharico, 1973). Other findings of sex differences in response to status manipulations have been reported (Walker, Davis, Firetto, 1968).

The literature thus suggests that the sexes differ in their response to the status figure: for males it seems to enhance participation and willingness to reveal, whereas for the women it tends to inhibit disclosure.

It is unclear from past research whether status effects occur outside of the laboratory situation. Another factor limits generalizability: all of the experiments reviewed utilized college students as subjects--psychology students most frequently. As a consequence of their student status, these subjects may bring somewhat unique attitudes and predispositions to an experiment involving an authority figure. Therefore, the generality of the status effect must be determined with more representative samples.

The research to be reported demonstrates the impact of interviewers in contrasting status positions on the reporting of symptoms in a field study of psychiatric disorder. The focus of this paper is on sex differences in patterns of response. Data will be presented to answer the following research question: do males and females differ in their reporting behavior to interviewers of contrasting status backgrounds, specifically psychiatric physicians and lay interviewers.

## Procedure and Subjects Used

Designed as a controlled experiment, the study was based on a probability sample of 200 adults drawn from the general population of New York City, stratified by education and ethnicity. The highly structured instrument used to collect the data[1] included 263 items designed to measure the full range of functional psychological disorder. The interviewers who administered the schedule in the subjects' homes consisted of psychiatrists and lay interviewers, the latter on the staff of the National Opinion Research Center (NORC).

Three categories of interviewers were randomly assigned to the sample of respondents. Under the first condition a physician conducted the interview, making his medical status as physician known to the subject (M.D. condition). Under the second condition the same physician conducted the interview, but did not make his status as physician known (Mr. condition). The third group of subjects were interviewed by NORC lay interviewers.[2]

Due to non-comparability of the samples interviewed under the three interviewer conditions, a matching strategy was employed for the analysis. Table I displays the demographic characteristics of the three matched samples totally 105 subjects on which the findings of the present paper are based.

Table 1 about here

Mean scores on symptom scales obtained under the three interviewer treatments were compared for males and females using a two way analysis of variance. The three interviewer types and two respondent sexes constituted the independent variables, and the scale scores the dependent variables. Where significant interactions were noted the comparison of simple main effects was repeated. The Student-Newman-Keuls multiple comparison procedure was utilized for a posteriori contrasts, with an alpha value of .05 (Winer, 1962). The influence of interviewer type and subject sex on reporting were assessed separately for three dimensions of symptomotology identified in a factor analysis: Anxiety-Somatic, General Neurosis, and Anti-Social symptoms.[3] These three dimensions were defined by fourteen symptom scales; reliabilities for twelve of the fourteen were .65 or better (Cronbach, 1951).

## Results

The principal definer of the Anxiety-Somatic symptom domain illustrates the pattern observed for the majority of the scales defining this dimension. Table 2 displays the group means, standard deviations and cell sizes resulting from the analysis. As is readily apparent, sharp contrasts exist in the reporting

Table 2 about here

behavior of each sex under the three interviewer treatments. Male respondents have the highest mean under the identified physician condition, whereas the female respondents have the lowest mean here, and instead reported more symptoms to the unidentified physician. For both sexes, the lay interviewers obtained reporting midway between the other two interviewer groups. A two way analysis of variance confirmed that the interviewer type x sex interaction was highly significant ($F = 7.77$; $p < .001$).

Graph I visually portrays the departure from parallelism which this scale illustrates. A comparison of simple main effects

Graph I about here

indicated that for the women the interviewer effect was especially marked ($F = 5.81$; $p < .005$). A posteriori contrasts revealed that the mean score obtained by the identified physicians was significantly lower than for either of the other two interviewer groups; the means of the unidentified physicians and the lay group did not differ significantly, but each differed from the "doctors." By contrast, for the males the one way analysis suggested a somewhat less marked effect ($F = 3.41$; $p < .05$); the Student-Newman-Keuls procedure revealed that the two physician means were significantly different from one another, but neither differed from the lay group. (As the physician samples contained only six males each, these latter comparisons should be regarded with caution.)

The principal definer of the General Neurosis Symptom dimension (Obsessive Neurosis) illustrates the pattern observed across the other three scales comprising the factor. The means are displayed in Table 3, and in Graph II we see the interaction effect between

Table 3 about here

Graph II about here

sex and interviewer type.

A two way analysis of variance revealed the interaction to be significant at the .06 level ($F = 2.83$). A posteriori contrasts were similar to those reported for the Anxiety-Somatic dimension. Interaction effects were general across the other scales comprising the dimension.

The similar pattern observed within both Anxiety-Somatic and General Neurosis symptom clusters is noteworthy: women reported more symptoms, and there was marked variation in the reporting behavior of the sexes under the three interviewer treatments. Women gave more information about their symptomatology to the unidentified physicians, and reported least to the doctors. Males, on the other hand, tended to report more symptoms to the identified physician interviewers.

## Conclusion

The study demonstrates sex differences in patterns of response to interviewers in contrasting status positions. The findings are consistent with experimenter status research in psychology, and provide evidence that these effects are not unique to the laboratory or a function of the use of student subjects.

The data in the present study indicate that it was the skill of the physician as an interviewer which was instrumental for the women respondents. In fact, his status was detrimental to obtaining full reporting. Although the extremely small number of males contained in the two physician samples (six in each, respectively) made conclusions tentative for this group, the men appeared to demonstrate greater responsiveness to the high status figure - the identified physician.

Why should the sexes so differ in their reporting behavior? In particular, why should women apparently inhibit disclosure with high status examiners or interviewers?

The social training of the sexes might explain their contrasting performance. While Maccoby and Jacklin do not find support for the widely held belief that girls are more "social" than boys, the authors do suggest that there appear to be marked differences in the kind of sociability each sex respectively demonstrates. In adulthood women appear to "invest themselves more heavily in

affiliative relations with other people" (Maccoby and Jacklin, 1974:159). In contrast, men have greater ego involvement with status and power in their relationships (Ibid). Perhaps these particular differences in the definition of the "social self" predispose each sex to certain response patterns in the interview. Women may have manifested increased sensitivity to the interpersonal aspects of the interaction and perhaps, therefore, were more responsive to the interviewing skill which the unidentified physicians possessed. By contrast, men may have been responsive to the interviewer's status and less to his interpersonal skill as an interviewer; as a consequence, they reported more symptoms to the identified physician.

What could be other origins of the apparent inhibition in symptom disclosure on the part of the women with high status interviewers? What has been the historic experience of women with these figures?

Stratification literature in sociology underscores the subordinate status women occupy in the social structure (Acker, 1973). As a consequence of structural position, role relationships with high status figures have frequently occurred in evaluative contexts, as in the occupational sphere (male boss, female worker) or in the academic world (male professor, female student). A degree of tension would appear to characterize these hierarchical relationships, for subordinate status engenders powerlessness and conflict.

It is not unreasonable to speculate that these social processes might influence role performance in the interview, for differential location in the social structure has differential consequences for individual behavior (Merton, 1968). Threatened by the high status figure and unaccustomed to lengthy interaction outside of evaluative contexts, women fail to develop the trust necessary for self-disclosure in the interview.

The findings of the present study, and their relationship to previous research in psychology, have implications for testing and counseling situations where interviewer status and subject sex are salient. Further empirical investigation is needed to identify the determinants of womens response inhibition with high status experimenters and interviewers.

Certainly the results of this study add even further to the already well documented methodological problems involved in field epidemiological studies (Dohrenwend & Dohrenwend, 1969). Caution is indicated in making inferences about sex differences in psychiatric disorder in the general population given the contrasting behavior of males and females in the research interview situation.

## Footnotes

[1]The Psychiatric Epidemiology Research Interview was developed by Bruce P. Dohrenwend, Barbara S. Dohrenwend and their colleagues at Columbia University, Social Psychiatry Research Unit.

[2]Six male psychiatrists formed the interviewing pool for the two physician conditions. One psychiatrist completed only one interview and two others completed only five each. Three psychiatrists thus completed 84 percent of the interviews. Twenty-two NORC interviewers (both male and female) constituted the interviewers for the lay condition. Eight interviewers completed 62 percent of the interviewers under the lay condition; the remaining interviewers completed five interviews or less. Respondents and interviewers were matched on ethnic background.

[3]This paper presents data from the Anxiety-Somatic and General Neurosis symptom clusters only.

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TABLE 1

FREQUENCIES AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS UNDER THREE INTERVIEWER CONDITIONS IN MATCHED SAMPLE (N=105)

| | Identified M.D. | | Unidentified M.D. | | NORC | |
|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female |
| Black | 2 | 5 | 2 | 5 | 6 | 15 |
| (<HSG) | (1) | (3) | (C) | (2) | (2) | (8) |
| (HSG+) | (1) | (2) | (2) | (3) | (4) | (7) |
| Purerto Rican | 2 | 5 | 2 | 5 | 6 | 15 |
| (<HSG) | (1) | (3) | (0) | (3) | (2) | (10) |
| (HSG+) | (1) | (2) | (2)[a] | (2) | (4) | (5) |
| White | 2 | 5 | 2 | 5 | 6 | 15 |
| (<HSG) | (1) | (2) | (1) | (2) | (2) | (7) |
| (HSG+) | (1) | (3) | (1) | (3) | (4) | (8) |
| Totals | 6 | 15 | 6 | 15 | 18 | 45 |
| (<HSG) | (3) | (8) | (1) | (7) | (6) | (25) |
| (HSG+) | (3) | (7) | (5) | (8) | (12) | (20) |

[a] This cell contains respondent who was duplicated.

TABLE 2

TABLE OF MEANS FOR PERCEPTION OF PHYSICAL CONDITION SYMPTOM SCALE: INTERVIEWER TYPE BY RESPONDENT SEX

| | MD | MR | NORC |
|---|---|---|---|
| Male | $\bar{x}$ = 3.50<br>sd = 2.43<br>n = 6 | $\bar{x}$ = .50<br>sd = .84<br>n = 6 | $\bar{x}$ = 2.00<br>sd = 2.09<br>n =18 |
| Female | $\bar{x}$ = 1.33<br>sd = 1.59<br>n =15 | $\bar{x}$ = 4.00<br>sd = 2.17<br>n =15 | $\bar{x}$ = 2.76<br>sd = 2.29<br>n =45 |

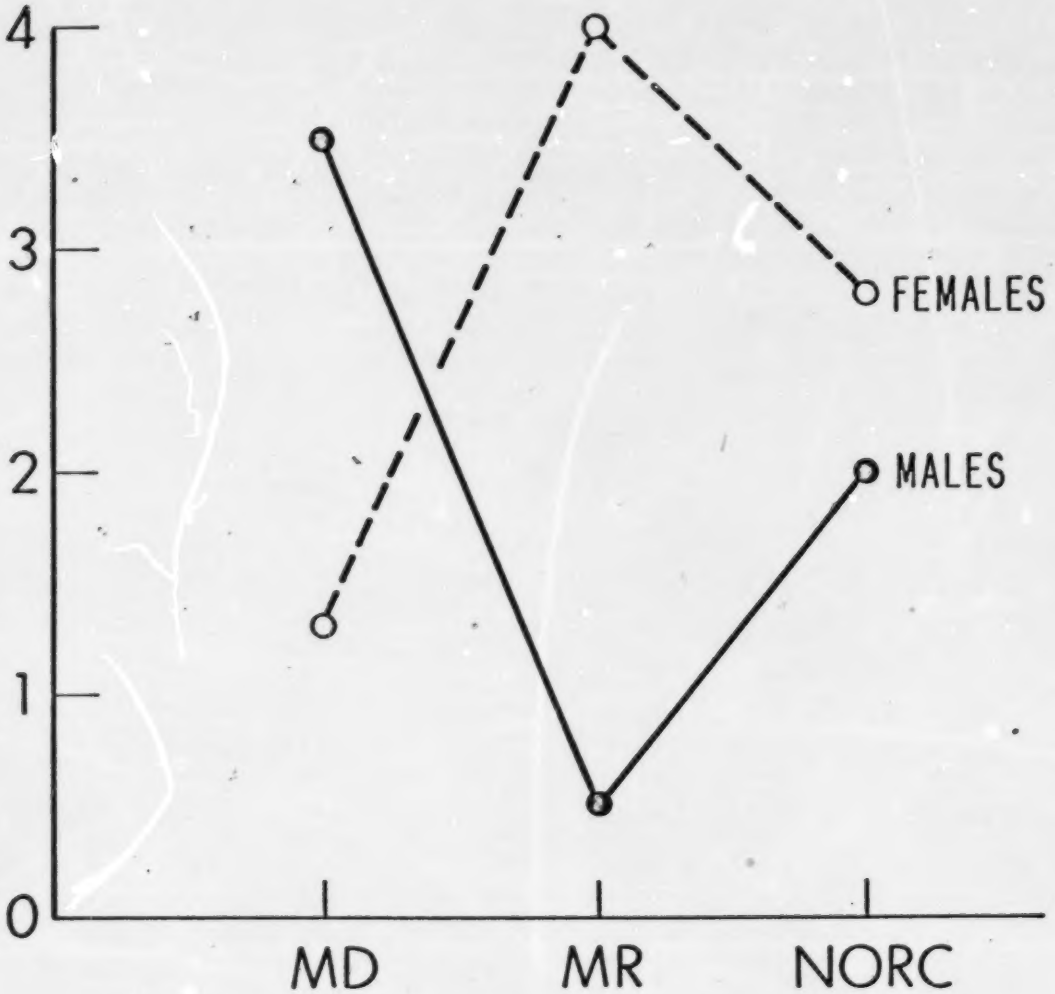
TABLE 3

TABLE OF MEANS FOR OBSESSIVE NEUROTIC SCALE:
INTERVIEWER TYPE BY RESPONDENT SEX

| | DR | MR | NORC |
|---|---|---|---|
| Males | x = 4.00<br>sd = 2.97<br>n = 6 | x = 1.83<br>sd = 1.47<br>n = 6 | x = 2.29<br>sd = 2.52<br>n =17 |
| Females | x = 2.33<br>sd = 2.64<br>n =15 | x = 5.07<br>sd = 3.64<br>n =15 | x = 3.62<br>sd = 3.30<br>n =45 |

GRAPH I

# MEAN SCORES FOR PERCEPTION OF PHYSICAL CONDITION SYMPTOM SCALE: INTERVIEWER TYPE BY RESPONDENT SEX



GRAPH II

# MEAN SCORES FOR OBSESSIVE NEUROTIC SCALE: INTERVIEWER TYPE BY RESPONDENT SEX